

<u>Investigation Summary | Notes | Observations | Investigation Detail | Notifications</u>

## **Investigation Summary**

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Priority: Investigation Status:

Date Opened: Date Closed:

Investigator: Date Assigned:

**Condition:** 

Program Area: Jurisdiction:

**Epi Network:** 

Date of Diagnosis: Date of Report:

(Source)

Case Status:

Diagnosis:

#### **Congenital Syphilis Record**

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Case ID No: Local Use ID No:

#### **Maternal Information**

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Did mother have a nontreponemal test (e.g., RPR or VDRL) in pregnancy, at delivery or soon after delivery?

Did mother have confirmatory treponemal test result (e.g., FTA-ABS or TP-PA)?

Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?

When was the mother last treated for syphilis?

Date of mother's last syphilis treatment:

Before pregnancy, was mother's treatment adequate?

During pregnancy, was mother's treatment adequate?

An appropriate serologic response?

#### Birth Information Back to top

**Delivering Physician:** 

Pediatrician:

**Birth Outcome/Vital Status:** 

Date of Death:

Birthweight (in grams):

**Estimated Gestational Age (in weeks):** 

## Infant Information Back to top

Did the infant/child have a reactive serologic test for syphilis (e.g., RPR, VDRL, FTA-ABS, or TP-PA)?

When was the infant/child's first reactive serologic test for syphilis?

Titer of infant/child's first reactive serologic test for syphilis:

Did the infant/child have any classic signs of CS?

#### **Laboratory Confirmation**

Did the infant/child have a darkfield exam or DFA-TP?

Did the infant/child have an IGM-specific treponemal test?

#### Infant/Child Evaluation

Did the infant/child have long bone X-rays?

Did the infant/child have CSF-VDRL?

Did the infant/child have a CSF cell count or CSF protein test?

Was the infant/child treated?

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## Investigation

	<u>Date</u>	<u>Worker</u>	Notes
View	01/17/2003	Maria Simkin	Second Note on Investigation
<u>View</u>	01/03/2003	Maria Simkin	Patient was vague.

Date: Worker: Notes:

#### - Field Record/Interview Record

	<u>Date</u>	Source	<u>Worker</u>	Notes
<u>View</u>	01/17/2003	Field Record	Maria Simkin	Patient gave good information.
<u>View</u>	01/03/2003	Interview Record	Maria Simkin	Patient was vague.

Date: Worker:
Source:
Notes:

Observationsback to topManage ObservationsExpand All | Collapse All- Lab Reports (1)Add

 Date
 Date

 Received
 Collected
 Facility/Provider
 Resulted Test
 Result

 06/20/2003

- Provider Reports (1)

Add

<u>Date</u> <u>Reported</u>	<u>Condition</u>	<u>Facility/Provider</u>	<u>Source</u>
06/20/2003			
07/15/2003			

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Expand All | Collapse All

Note: Continued from View\_INV\_Page3

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Expand All | Collapse All

- Field Records (1)

Add

Date Opened	Referral Basis	<u>Disposition</u>	Dispo Date	OP Link
06/20/2003	T1	G - Insufficient Information to Begin Investigation	06/21/2003	<u>23450989</u>

## - Interview Records (1)

Add

<u>Date</u> <u>Opened</u>	<u>Date</u> <u>Assigned</u>	<u>Worker</u>	Location of Original Interview	Case #	Date Closed
06/20/2003	06/21/2003	Jessica Stephenson- Jackson	P1	case1234567 8912	06/23/2003

#### - Related Individuals

Add

<u>Date</u> <u>Opened</u>	<u>Name</u>	<u>Sex</u>	<u>Referral</u> <u>Basis</u>	<u>Diagnosis</u>	<u>Dispo</u>	<u>Dispo</u> <u>Date</u>
06/20/2003	Sabastian Eisenhower	М	P1		J	06/23/2003

#### - Other Relationships

Add

Date Opened	<u>Name</u>	<u>Sex</u>	Relationship
06/20/2003	Samantha Kilpatrick	М	Sister

Expand All | Collapse All

## Interventions

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#### - Treatments (1)

Add

<u>Treatment</u> <u>Date</u>	Treatment	<u>Facility/Provider</u>	<u>Source</u>
06/20/2003			

## - Vaccinations (1)

Add

<u>Date</u> <u>Administered</u>	Vaccine Administered	<u>Facility/Provider</u>	<u>Source</u>
06/20/2003			

Expand All | Collapse All

## **Investigation Detail**

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- Complications (1)

Add

As of Date	<u>Complication</u>
01/17/2003	?

- Counseling (1)

Add

Date of Counseling	Type of Counseling
01/17/2003	Post Test Counseling

- Pregnancy (1)

Add

As of Date	Pregnancy Status
	There is no information to display

- Referrals (1)

Add

Referral Date	Referral Type	Referral Agency	?
01/17/2003	Prenatal care	West End Clinic	?

- Risks (1)

Add

<u>Date</u>	<u>Risk</u>	Time period	Source
01/17/2003	?	?	?

- Social History (1)

Add

Date of Activity	Activity	Place Type	<u>Place</u>	
01/17/2003	?	?	?	

- STD History (1)

Add

As of Date	<u>Diagnosis</u>	Treatment Date
01/17/2003		02/01/2003

- Signs (1)

Add

Date of Exam	<u>Signs</u>	Anatomic Site
01/17/2003	?	?

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# - Symptoms (1)

Add

Date of Onset	<u>Symptom</u>	Anatomic Site	<u>Duration</u>
01/17/2003	?	?	?

# - Travel History (1)

Add

<u>Travel Start</u> <u>Date</u>	Travel End Date	<u>Travel</u> <u>Location</u>
01/17/2003	?	?

Expand All | Collapse All

Notifications				
Date Reported	Notific	ation Status	MMWR Week	MMWR Year
01/17/2003	Send		03	2003
Patient Informati	ion	Investigation		